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**Project Abstract:** ***Expanding Maria Talks to Prevent Teen Pregnancy among Latino Youth***

Serving the communities of: Holyoke, MA (Hampden County ZIP codes 01040 and 01041); Lawrence, MA (Essex County ZIP codes 01840, 01841, 01842, 01843); Springfield, MA (Hampden County ZIP codes 01101, 01102, 01103, 01104, 01105, 01106, 01107, 01108, 01109, 01111, 01114, 01115, 01118, 01119, 01128, 01129, 01133, 01138, 01139, 01144, 01152, 01199)
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The Massachusetts Department of Public Health (MDPH)-sponsored *MariaTalks.com* helpline and website is the statewide source for sexual health information and referrals designed specifically for Massachusetts teens. The site is based on a "telenovela" or soap opera storyline, where sexual health issues are portrayed through the eyes and stories of a fictional teenager, Maria, and her friends. The website is hosted by AIDS Action Committee (AAC), and contains comprehensive, medically accurate information and referrals on 'sex, birth control and things that matter,' including pregnancy, STIs, sexual violence, substance use, and GLBTQ information and programs. The MDPH and its community partners intend to develop a replicable and rigorously-evaluated teen pregnancy prevention additional curriculum (designed to supplement an existing evidence-based teen pregnancy prevention curriculum) for a Latino audience based on *MariaTalks.com*.

The MDPH's Office of Adolescent Health & Youth Development and Family Planning Program, in collaboration with AAC and John Snow Inc., propose to expand the *MariaTalks.com* website and helpline to better serve high-risk, vulnerable youth and families in Latino communities in the urban areas of Holyoke, Lawrence, and Springfield, MA with high birth rates for youth by:

- developing a discussion guide/curriculum component for use with Latinos by health educators, youth workers and parents in their efforts to reduce the incidence of teen pregnancy and STI/HIV prevention
- developing online activities/modules for youth
- developing and adding a male counterpart to Maria who will support Latino male engagement in teen pregnancy prevention
- developing and adding a parental education component to *MariaTalks.com*
- developing an evaluation tool to be used in conjunction with the discussion guide/curriculum component, which will serve to assess changes in attitudes, knowledge or behavior relating to teen pregnancy and STI/HIV prevention

The MDPH will work in partnership with community-based organizations, family planning providers and housing developments in Holyoke, Lawrence and Springfield to develop and pilot this supplemental Latino-focused sexual health curriculum. The MDPH will also work with Planned Parenthood League of MA to design the web-based and classroom-based curriculum modules. Focus groups and piloting will occur with youth, families and health educators in the targeted communities, and participants will be recruited by community-based agencies in conjunction with the MDPH. By delivering free, culturally competent, linguistically appropriate and medically accurate comprehensive sexual health information through a three pronged approach: a *promotora*-style model, phone based helpline, and website to Latino youth and families, we expect that:

- Latino parents/guardians will be confident in their knowledge about sexual and reproductive health and will be more likely to engage in conversations with their youth
- Latino youth will demonstrate increased knowledge in correct and consistent contraceptive options, use and reproductive health, resulting in increased condom use and decreased STIs
- Latino males and females will demonstrate an increase in knowledge and use of contraceptive options and responsible sexual behavior

**Organizational Capability Statement:** The Massachusetts Department of Public Health (MDPH) has extensive experience and procedures for contracting with and collaborating with community partners across the Commonwealth of Massachusetts, and will leverage this expertise to implement this project. From 1996–2003, the MDPH concentrated teen pregnancy prevention efforts on the community–based coalition model, the Teen Challenge Fund. This model provided funding to communities for the establishment of community-based coalitions addressing teen pregnancy, youth development, and other related youth-health risk behaviors. The mission was to unite youth, families, and community leaders in the development of local prevention strategies that promoted healthy behaviors, responsible decision-making, and increased economic, social, and educational opportunities for youth aged 10–19 years. Seventeen of the Commonwealth's most vulnerable and challenged communities formed diverse coalitions, funded subcontractor programs, and worked directly with youth and families to address teen pregnancy. When funding for the Teen Challenge Fund was reduced in 2004, MDPH shifted its energy to funding science-based curricula with a proven record of success, and expanded its organizational capability to implement programs with fidelity, and implement the programs and monitor the health outcomes necessary to demonstrate continued successes.

The MDPH Office of Adolescent Health and Youth Development (OAHYD) has long demonstrated its organizational capability to provide contract monitoring, resources, technical assistance and professional development opportunities to improve the statewide delivery of sexual health education and other youth related services which enhance the overall health of youth age 10-24 in the Commonwealth. Since 2003, Massachusetts has been funding science-based teen pregnancy prevention programs in various communities and providing technical assistance to agencies seeking to improve their organizational capacity to implement them. This

new research on effective public health program models to prevent teen pregnancy offered Massachusetts communities the opportunity to test these new models in 15 communities who are currently utilizing science-based approaches through the Commonwealth, including *Making Proud Choices*, *Teen Outreach Program*, *California's Adolescent Sibling Pregnancy Prevention Program*, *Focus on Youth*, and an adaptation to the CAS-Carerra model. These programs closely examine the root causes of teen pregnancy and other youth sexual health risk-taking behaviors, and use scientific evidence to support the implementation of specific models to address priority populations. The Bureau of Community Health Access and Promotion (BCHAP) remains committed to youth programs that are implemented with a foundation firm in the theories and principles of youth development. Recognizing that reducing teen pregnancy requires engaging the community, the BCHAP supports a community-based approach for addressing teen pregnancy prevention and other related youth-health risk behaviors. Adolescent health, specifically teen pregnancy prevention, is a field that encompasses a variety of disciplines which not only enables collaboration but requires it. To that end the OAHYD's main focus is to unite those who are working with adolescents to ensure better coordination and collaboration to improve services to young people.

This capacity was demonstrated in fiscal year (FY) 2008, when all state funded teen pregnancy prevention programs began serving youth and families under the care of the Department of Children and Families (DCF) and its staff. Through the provision of technical assistance and training, and with close contract monitoring/supervision, the MDPH expanded the capacity of these agencies to target outreach efforts and provide services to youth in foster care, foster families and DCF staff, implementing science-based or promising practice curricula, as well as parent and staff sexual health education trainings.

The OAHYD has a demonstrated history of success overseeing formal collaborations and partnerships with healthcare providers, policy and program developers, youth, families, state agencies and community networks throughout the Commonwealth. The OAHYD facilitates the Governor's Adolescent Health Council, which is a public-private partnership that works towards improved health outcomes for Massachusetts youth, consisting of appointed members and representatives from each of the Executive Office of Health and Human Services and other youth serving agencies of the Commonwealth. The primary objectives of the Council are to support integrated statewide approaches to adolescent services and to promote healthy choices and behaviors of all adolescents. The OAHYD also provides advisory and staffing support to the Governor's Statewide Youth Council which encourages and motivates young people to be involved in their communities and to participate in problem solving through assuming leadership and planning roles and focuses on the Governor's priorities of education, economic development, civic engagement, and community outreach, advising the Governor as representatives of all Massachusetts young people.

The OAHYD participates on many committees and provides expertise in adolescent health, youth development and teen pregnancy prevention. Some of these committees include the MA Department of Elementary and Secondary Education (MDESE)/MDPH Stakeholders Group which works on coordinated and targeted data releases to effect policy change regarding adolescent sexual health; the EC Network Virtual Committee which provides a forum for those interested in improving access to and public knowledge of emergency contraception - including medical providers, community organizations, and government agencies - to share ideas, coordinate resources, and maximize the impact of our work on the shared public health goal of reducing unintended pregnancies; the MDESE AIDS Advisory Panel which serves as a body of

stakeholders who advise the HIV/Teen Pregnancy Prevention Programs of MDESE; and the Statewide Action Planning Team, a newly formed public-private team of talented and engaged decision-makers working together to develop a comprehensive statewide agenda for youth that aligns the work of numerous commissions, committees, task forces and coalitions for a greater impact on specific youth outcomes.

The OAHYD works closely with the MDPH Family Planning Program (FPP) and will continue to do so under this project. The Family Planning Program has key partnerships that will assist with the success of this initiative including a contract with the AIDS Action Committee (AAC) to develop, implement and monitor *MariaTalks.com* and its sexual health hotline. The FPP also has longstanding contractual relationships with Tapestry Health, Health Quarters and Planned Parenthood League of MA for clinical and community education and outreach services. The FPP also participates on the MDESE/MDPH Stakeholders Group described previously, and provides technical assistance to School Based Health Centers on adolescent reproductive health issues. In addition, the FPP has been very involved in assessing the impact of MA health reform on contraceptive services for women and young adults. The FPP Director is chair of the Executive Committee of the REaDY (Reproductive Empowerment and Decision Making for Young Adults) Initiative, a statewide project to reduce unplanned pregnancy among young adults in the wake of Massachusetts health care reform. This is a two year initiative, funded by the National Campaign to Prevent Teen and Unintended Pregnancy, focused on better understanding the individual, community, provider, and structural factors that influence the contraceptive behaviors of young adults, aged 18 to 26 and on developing resources to ensure that this age group has the resources they need to lead healthy sexual and reproductive lives. The FPP program also is responsible for implementing and monitoring Chapter 58 of the Acts of 2005, An

Act to Increase Timely Access to Emergency Contraception, by working closely with Rape Crisis Centers, hospitals and the Sexual Nurse Examiner Program to ensure that women and adolescent survivors of sexual assault have access to required services. Maria Talks was originally developed by the FPP in collaboration with AAC as a response to this legislation, to improve teen knowledge of sexual health information and services including emergency contraception.

*Expanding Maria Talks to Prevent Teen Pregnancy among Latino Youth* will be located within the OAHYD under the leadership of the Director of the OAHYD. The OAHYD is located within the Division of Primary Care and Health Access (PCHA) within the Bureau of Community Health Access and Promotion (BCHAP) at the Massachusetts Department of Public Health (MDPH). The mission of the MDPH is to "serve all the people in the Commonwealth, particularly the underserved, and to promote healthy people, healthy families, healthy communities and healthy environments through compassionate care, education and prevention." The OAHYD is able to partner and draw on the collaborative expertise of a range of MDPH programs and professionals along with its community partners to accomplish the goals of this project. The Director of the OAHYD will oversee the development, execution and evaluation of the project, as well as supervise the Project Manager who will coordinate all aspects of this project.

The Project Manager will coordinate the curriculum development and evaluation, provide technical support, coordination, and implementation of the intervention, provide appropriate and suitable technical assistance and training when needed for community partners, work closely with all partners for the implementation of the work plan, prepare all necessary project progress reports, project implementation reports, and final report on completion of project, and review,

synthesize and distribute research related to adolescent health, best program practices and prevention strategies to community partners. The Project Manager will also be responsible for ensuring integration of MDPH staff and community partners to build on the expertise and networks of existing resources, promoting strong, long-lasting collaborations.

The Director of the Family Planning Program will act as the primary liaison between AIDS Action Committee (AAC) and the MDPH, and will oversee the expansion of the development of the Maria Talks website and helpline in conjunction with the AAC and Causemedia. AAC will be the primary contractor for the media development component of the project. The Maria Talks website and helpline is hosted by the AAC, who developed the site in conjunction with Causemedia after incorporating the feedback of DPH partners, local youth and MA providers. John Snow, Inc. (JSI), currently contracts with the MDPH to conduct cross-site evaluations for the science-based teen pregnancy prevention program. This relationship will be extended to include an evaluation of the intervention and its individual- and community-level impacts. JSI will design the pre- and post-test evaluations for this project and will assist in analyzing focus group and pilot site data.

The MDPH will be the lead organization on this project and the lead fiscal agent. The MDPH will subcontract to the community partners identified in this proposal, and monitor those contracts with the support of the MDPH staff, including contract managers, accounting and finance staff, and purchase of service staff.

Several partners identified in this proposal already have existing relationships with the MDPH. AIDS Action Committee, Planned Parenthood League of Massachusetts, Tapestry Health, and Health Quarters are all currently contracted to the MDPH Family Planning Program. Family Services, Inc. is contracted to the Office of Adolescent Health and Youth Development to

provide science-based teen pregnancy prevention programming. These organizations have strong organizational capacity to implement trainings on sexual health and pregnancy prevention topics for adolescents, health care providers and parents. Finally, this project will also offer the opportunity to build new relationships with other CBOs and local housing authorities to expand awareness of youth development and teen pregnancy prevention approaches, with the organizational capacity to implement educational programming, in a new environment. Their roles and responsibilities will be as follows:

- Holyoke Farms and Pynchon/Edgewater Apartments will work directly with young people and their parents to recruit for the intervention, provide space and resources (e.g., computers) for the education, and train staff in delivering the intervention.
- Family Services will recruit a local housing developments in their area to work with them to recruit young people and their parents for the intervention, provide space and resources (e.g., computers) for the education, and train staff in delivering the intervention.

Roles and responsibilities for all these partners will be clearly specified in contract conditions accompanying funding awards. Contract conditions are used to clearly delineate the expectations and program standards that will govern the working relationships that MDPH has with its subcontractors. Routine monitoring processes currently in use by MDPH will be utilized to ensure contract compliance, such as regular communication and close supervision of the subcontractors' progress towards the goals and objectives set by the program in conjunction with the contract manager. These objectives are evaluated during monthly service delivery reports, formal annual and semi-annual reports, and periodic site visits, which include self-assessments of compliance with contract standards to be completed by the subcontractor. MDPH has a longstanding history of monitoring contracts to ensure the use of appropriate clinical guidelines,

curriculum frameworks, quality assurance procedures, and program evaluation techniques which result in consistently excellent, high quality programming.

**Project Management:** The MDPH will manage this project as the lead organization and fiscal agent. The MDPH will subcontract to its longstanding community partners identified in this proposal, and monitor those contracts with the support of its seasoned contract managers, accounting and finance, and purchase of service staff, whose operating procedures are extensive and include the MDPH Family Planning Program standards which relate directly to clinical and educational service provision. Roles and responsibilities for all these partners will be clearly delineated in Memoranda of Understanding, as well as specified in contract conditions accompanying funding awards. Routine monitoring processes currently in use by MDPH will be utilized to ensure contract compliance, such as regular communication and close supervision by a contract manager, routine reporting, and periodic site visits.

Other resources at the MDPH can be leveraged to identify and manage any potential issues or risks that may arise. For example, the MDPH Commissioner's legal staff and communication team strictly monitors and provides guidance on communication with the public, and the Commissioner's office will ensure that the Secretary and Governor's office are kept informed about project activities, as they have demonstrated specific interest in adolescent health and teen pregnancy prevention initiatives. Working across a statewide geographical catchment area is not a new challenge for the MDPH, and is addressed by close contract monitoring, communicating and collaborating with key community stakeholders, and conducting joint trainings to ensure that statewide interventions are implemented consistently, and with fidelity.

Several partners identified in this proposal already have existing relationships with the MDPH, and have benefited from the project management relationship with their contract

managers who assist them with providing the most up-to-date service delivery strategies. AIDS Action Committee, Planned Parenthood League of Massachusetts, Tapestry Health, and Health Quarters are all currently contracted to the MDPH Family Planning Program. Family Services, Inc. is contracted to the Office of Adolescent Health and Youth Development (OAHYD) to provide science-based teen pregnancy prevention programming. These programs are held accountable to program standards, annually updated work and evaluation plans, and monthly service delivery reports that measure incremental progress in achieving milestones.

- AIDS Action will oversee content development and technical needs for the *MariaTalks.com* website, including development and marketing of a male character, incorporating online educational interactive tools, and modifying the content of the website as needed to enhance the educational curriculum.
- Planned Parenthood League of Massachusetts will develop the parent curriculum. They will also develop a package train-the-trainer curriculum that can prepare others to use the new toolkit/curricula.
- Tapestry Health and Health Quarters will provide experienced health educators who will receive training on the new toolkit/curricula. They will train community-based organization (CBO) and housing development staff, and young people and parents directly in the use of the toolkit/curricula.

MDPH OAHYD currently contracts with John Snow, Inc. (JSI) for a cross-site evaluation of teen pregnancy prevention efforts. JSI has significant expertise in cross-site evaluation, and will conduct an evaluation of the intervention and its individual- and community-level impacts to monitor the success of the supplemental curricula using measurable objectives elaborated upon in a logic model. Finally, this project will offer the opportunity to build new relationships with

other CBOs and local housing developments. Their roles and responsibilities will be as follows:

- Holyoke Farms and Pynchon/Edgewater Apartments will work directly with young people and their parents to recruit for the intervention, provide space and resources (e.g., computers) for the education, and have staff trained in delivering the intervention.
- Family Services, Inc. will recruit a local housing development in their area to work with them to recruit young people and their parents for the intervention, provide space and resources (e.g., computers) for the education, and have staff train in delivering the intervention.

Collectively, these organizations will work together to serve as an advisory team for the entire project. The advisory team will meet monthly as a full team, with bi-weekly sub-committee meetings as needed. MDPH will facilitate these monthly meetings and provide overall guidance and direction for the project. All plans and decisions about curriculum development, recruitment, implementation, and evaluation will be configured with input from community partners and member of the target audience (i.e., young people and parents from the target communities). Focus groups and other consulting opportunities will be used extensively to ensure that both processes and products are relevant, useful, culturally competent across sub-populations, and responsive to community-identified needs. The project will be guided by the work plan (submitted elsewhere in this application) and incremental progress towards the goals and objectives set forth in the work plan will be carefully monitored. Massachusetts has demonstrated organizational capacity to manage advisory boards through its successful management of the previously funded teen pregnancy prevention coalitions, to the collaborative efforts such as the previously mentioned EC Network and MDESE/MDPH Stakeholders group, of which many of the identified partners are currently participants.

**Need Statement:** The relatively low 2008 teen birth rate for Massachusetts, 20.1 per 1,000

females aged 15-19 years, conceals a statewide Hispanic (hereafter called Latino/a) teen birth rate of monumental proportion, 66.7 per 1,000 Latina teenagers aged 15-19 years. So while Massachusetts consistently ranks in the top 3 states with the lowest teen birth rates, the MA Latina teen birth rate rivals those states with the highest overall teen birth rates such as Mississippi, New Mexico and Texas (National Campaign to Prevent Teen Pregnancy). The MA DPH and its community partners will focus on using *Expanding Maria Talks.com to Prevent Teen Pregnancy among Latino Youth* to prevent teen pregnancy in those communities with high Latina teen birth rates that in turn influence the overall community rates.

**Intervention to be Tested and Project Approach:** The MDPH proposes the following intervention to be tested, and requests that this proposal be considered for PREP funding only. The intervention proposed for testing is based on *MariaTalks.com*, a sexual health information and referral website and hotline, into which the Massachusetts Department of Public Health (MDPH) has invested significant resources. Parents, health providers, and educators have requested a toolkit or curriculum to help them maximize the information found in the *MariaTalks.com* website and use the site as a teaching tool. Beginning in the spring of 2007, AIDS Action Committee of Massachusetts Prevention staff members conducted an environmental assessment of emergency contraception (EC) and broader sexual health issues across Massachusetts. This process included key informant interviews, group interviews, focus groups, website research, and national assessment of current EC information. The MDPH Family Planning Program, in conjunction with partners from the AIDS Bureau, STD Division, Division of Violence and Injury Prevention, and Office of Adolescent Health and Youth Development, released an RFR #707814, to procure a: "Statewide Hotline and other efforts to Implement Chapter 91 of the Acts of 2005, An Act Providing Timely Access to Emergency Contraception"

in fiscal year (FY) 2007. The AIDS Action Committee (AAC) was awarded the contract in April 2007, with a projected implementation date of July 1, 2007. The Family Planning Program, with joint funding and support from the aforementioned stakeholders, manages the AAC contract.

As a result of key findings from an environmental scan of statewide and national hotlines and web sites that provide related health education and/or referral information, as well as numerous key stakeholder interviews and focus groups with providers, the scope of the Statewide Hotline and Website was broadened from Emergency Contraception to the full range of sexual health concerns that result from exposure to unprotected sex. Based on findings from the key stakeholder interviews and focus groups, AAC, in conjunction with Cause Media, developed an interactive web concept called "**Maria Talks**". Hotline staff were selected and trained. The hotline number (877.MA.SEXED) was purchased as well as the URL (*MariaTalks.com*).

*Maria Talks.com* reaches young people and those working with youth with information and service referrals through an interactive, comprehensive website, Facebook and Myspace pages, an anonymous hotline, and community outreach and training. Since its launch in January 2009, *MariaTalks.com* has received 12,472 visits. Staff have answered more than 150 sexual health related questions by youth through email and answered 300 calls. Program staff continues to market Maria Talks through targeted community outreach and education. During 2009, staff attended over 20 events reaching an estimated 12,366 youth and youth providers across Massachusetts and distributed 50,500 promotional materials and collateral. The program is currently expanding its reach online through a revised Facebook fan page and a quarterly e-update, highlighting youth friendly services, MA youth organizations, youth events and hot topics including teen dating violence, sex while under the influence, and sexting.

The MDPH has funded science-based teen pregnancy prevention (TPP) programs since 2004,

in communities where the teen birth rate is higher than the state average. Since 2006, eighteen programs have participated in a cross-site evaluation conducted by an outside evaluator, John Snow, Inc. (JSI), to measure attitude, beliefs and knowledge change. The findings are similar to those in the published literature, indicating that youth who participated in the programs had improved school outcomes, increased confidence in pregnancy prevention and reduced likelihood of sexual activity in the past three months after the end of the program. However, the findings also indicate that the majority of youth (about two-thirds) do not speak with a trusted adult (like a parent) about puberty, how to maintain abstinent, understanding birth control, or having healthy relationships – even during participation in a TPP program.

Research has shown that "…positive communication between parents and their children can help young people establish individual values and make healthy decisions." (Advocates for Youth, 2008) To address the need to increase communication between young people and a trusted adult (as our findings indicated above), especially among Latino youth whose teen birth rates are alarmingly disproportionate to their non-Hispanic peers (please refer to Needs Assessment and Target Population section for more details), the MDPH and its community partners intend to develop a replicable and rigorously-evaluated teen pregnancy prevention additional curriculum (designed to supplement an existing evidence-based teen pregnancy prevention curriculum) for a Latino audience based on the existing *MariaTalks.com* sexual health information website and hotline. Developing a curriculum that utilizes youth culture in its approach to meet young people where they are through the utilization of new media, and a parent curriculum founded in cultural traditions through the utilization of *promotors/as*, the *MariaTalks.com* curriculum will be delivered through a multi-pronged approach: a youth curriculum delivered in a community or classroom-based setting, an online educational

curriculum component comprised of activities for young people using new media to enhance the community- or classroom-based modules, and a parent curriculum to increase communication between youth and their caregivers delivered by health educators or *promotors/as*.

To find effective partners to collaborate in the delivery of this new model, the MDPH posted a Notice of Intent (NOI) to develop a replicable and rigorously-evaluated teen pregnancy prevention additional curriculum for a Latino audience based on the existing *MariaTalks.com* sexual health information website and hotline, and test this intervention in the communities of Holyoke, Lawrence and Springfield, MA, dependent on approved federal funding. The NOI requested that youth serving organizations, youth serving coalitions, faith based organizations, family planning and other adolescent healthcare providers, housing developments/authorities, schools, and municipalities who demonstrate strong linkages to clinical providers of adolescent reproductive health care in the communities of Holyoke, Lawrence, and Springfield who have proven success working with and engaging Latino youth and families and who can demonstrate their ability to assist in the expansion of the usability of the Maria Talks website and helpline to better serve disengaged and hard-to-reach youth and families in Latino communities apply to become a community partner for the purposes of this grant. After a thorough selection process in which applicants were rated on their past experience delivering or developing sexual health education to Latino youth and families, ability to recruit and retain Latino youth and families in TPP programming, organizational and staff capacity to participate in the proposed demonstration project, and connection to/with clinical providers of adolescent reproductive healthcare, the MDPH chose the following organizations to partner with:

- Planned Parenthood League of MA (PPLM) has five health centers in MA that provide a full range of sexual and reproductive health services. PPLM has most recently piloted and

evaluated a Spanish-language parent education series and a *promotoras* program. PPLM's parent education series, *Seamos Honestos*, was adapted from their English curriculum, *Let's Be Honest*, for parents to gain information, skills and resources to become successful primary sexuality educators for their children. PPLM also conducts a *promotoras* program, offering an important collaborative approach to reaching and educating Latino families in the same communities.

- Tapestry Health (TH) is the primary provider of low cost, publicly-funded reproductive health care throughout western Massachusetts, with a particular emphasis on the low-income communities of color in Springfield and Holyoke. The agency has a long history of providing culturally competent services through family planning programs, HIV prevention and education programs, needle exchange program, and HIV client services. TH currently employs a *promotora* community outreach program targeting Latino/a teens and their parents, and GLBTQ programs are provided and supported in all of the agencies service areas, including Holyoke and Springfield. All of TH's services are delivered by staff who are bilingual, bicultural and from the local communities they serve. TH will work with the MDPH and be trained to train community-based organization (CBO) and housing development staff in the additional *MariaTalks.com* curriculum.
- Holyoke Farms (HF) provides affordable housing for families while helping them reach their highest potential. HF has 225 two- and three-bedroom apartments for families, and its residents are 90% Hispanic and Latino. With a staff of seven (five of whom are bilingual and bicultural) HF is able to provide a self-contained community with easy access to test the *MariaTalks.com* curriculum intervention among Latino youth and their families. Through the HF management office, computer access for teens that do not

otherwise have such access can be provided for participation in the online curriculum component. HF staff serves disengaged and hard-to-reach youth and families. Maria (of *MariaTalks.com*) identifies herself as coming from Holyoke, which will resonate with youth residing at HF, assisting in the acceptance and use of the *MariaTalks.com* website and additional curriculum. HF will deliver and implement a science-based curriculum and the *MariaTalks.com* additional curriculum with young residents age 14-19, and the parent curriculum to resident parents on-site.

- Health Quarters (HQ) is an innovative leader, supporting, protecting and promoting the sexual and reproductive health and well-being of their clients. HQ provides integrated clinical, education and advocacy services that encompass the physical, emotional, social and cultural aspects of health, and works to eradicate disparities and inequities for all. HQ is a federal- and state-funded provider of adolescent reproductive health services including gynecological exams; health education; and prevention services such as birth control and emergency contraception, cervical and breast cancer screening, STD testing and treatment, and rapid HIV and pregnancy testing and counseling. HQ specifically focuses services to Latino/as in the community of Lawrence. HQ formed, and still leads, the Lawrence Coalition on Teen Pregnancy, in collaboration with numerous youth-serving providers including schools, and is knowledgeable about Lawrence Latinas' cultural attitudes and customs regarding reproductive health through research it conducted and presented in collaboration with JSI. HQ has an established *promotora* program in Lawrence, whereby a trained bicultural/bilingual reproductive health worker connects with Latinos in the community around pregnancy prevention messaging, leads informational community meetings called *charlas*, and makes home visits around

reproductive health to pregnant and parenting teens, and HQ recently hired a male lay health worker, a *promotor*, to reach out to, educate, and engage young men in the Lawrence community and to link them to HQ family planning/reproductive health services. HQ will be a valuable resource in creating a male character for *MariaTalks.com*, as well as being trained to train community- CBO and housing development staff in the additional *MariaTalks.com* curriculum.

- Family Service, Inc. (FSI) is a private non-profit social service agency in Lawrence, MA, that provides prevention and treatment programs that are evidence-based and result in self-sufficiency and improved economic and health outcomes for its clients. FSI's experience with its Adolescent Sibling Pregnancy Prevention Program (short title: Sibs), a teen pregnancy prevention program that engages siblings of pregnant and parenting teens in case management and group services with the intent of preventing early pregnancy, and The Parenting Journey, a 12-week program for parents raising children ages birth to six, that helps build their self esteem and self awareness as the first step toward effective and nurturing parenting, will be valuable resources in their delivery and implementation of the science-based curriculum and the *MariaTalks.com* additional curriculum with young residents age 14-19, and the parent curriculum with resident parents in housing developments in Lawrence, MA.

  **Peabody Properties, Inc.** on behalf of Pynchon/Edgewater Apartments (PEA) in Springfield provides services that respond to the needs of its residents while also offering a connection to the larger community in which they reside, PEA will provide TPP services on-site where there are 630 affordable family units, where the property demographics are 99% Latino with 850 youth ages 0 - 18 years. PEA will also provide an

on-site, full-time bilingual (Spanish/English) Resident Service Coordinator (RSC) to outreach to residents regarding the program, recruiting both youth a families for the intervention. PEA will offer use of the on-site community room and computer center, creating an accessible space and resources for the program. PEA will deliver and implement a science-based curriculum and the *MariaTalks.com* additional curriculum with young residents age 14-19, and the parent curriculum with resident parents on-site.

The MDPH consistently funds teen pregnancy prevention programs in the highest teen birth rate communities in the Commonwealth. Criteria used to select these high teen birth rate communities are based on MA vital statistics, released annually by the MDPH. The MDPH focuses on selected communities or populations where there are large disparities in the teen birth rate, and account for high teen births overall. We maintain this commitment even in difficult economic climates, using this same data to drive funding decisions. The MDPH selected the cities of Holyoke, Lawrence and Springfield, MA for this initiative because the communities all have high rates of teen births overall, large teen populations with which to test the intervention, high proportions of young Latinos, ensuring that we are able to deliver the intervention to the target audience, and high Latino teen birth rates.

The MDPH has experience working with community-based organizations that provide TPP programming, and provides technical assistance (TA) on implementing evidence-based TPP curricula. The MDPH has learned that for a TPP program to be sustainable, a set of diverse stakeholders needs to be at the table and a comprehensive action plan with duties assigned to those involved. Solely implementing an evidence-based curriculum that focuses on sexual antecedents does not fully address the social determinants related to TPP. This intervention will be using evidence-based curricula, but the *MariaTalks.com* additional curriculum will provide a

youth development approach utilizing online media and will provide young people and parents/guardians a place where they are able to access youth-friendly contraceptive health information and referral to related services in their local community.

The MDPH will oversee and coordinate the *Expanding MariaTalks.com to Prevent Teen Pregnancy among Latino Youth* project, ensuring that all goals and objectives are met. The MDPH will be responsible for the creation of a youth educational component to compliment *MariaTalks.com*, designing culturally competent and age appropriate lessons to support evidence-based teen pregnancy prevention curricula to be used with Latino youth. PPLM will be responsible for the design and delivery of the parent education component with the aim of increasing parent-child communication about sexual health and healthy decision making, and AAC will be responsible for developing the online content for the *MariaTalks.com* expansion, including educational activities and the creation of a male character counterpart to Maria to engage Latino males in TPP. The Governor's Adolescent Health Council (AHC) is staffed by the OAHYD and is chaired by Dr. Cathryn Samples and Dr. Jean Emans of Children's Hospital Boston. The AHC will provide consultation to the project on age-appropriateness and medical accuracy of the developed curriculum, acting as advisors to the overall project.

During the year one planning stage of the implementation, the MDPH, PPLM and AAC will focus on developing the expanded curriculum package including online components, male character and parent curriculum, and training family planning staff on delivery of the curriculum. In this same timeframe, our community-based partners will select, train in, recruit for, and implement an evidence-based curriculum with concurrent evaluation to be delivered at housing developments in the communities of Holyoke, Lawrence and Springfield. Once the expanded curriculum is completed and family planning staff are trained in the new model, family planning

staff will train and work with community-based organization and housing development staff to implement the additional curriculum with their TPP participants and resident parents on-site at the housing developments. The MDPH, PPLM and AAC will provide TA to both trainers and direct service staff throughout the implementation, and the MDPH will monitor progress and success via contract management processes (explained in more detail in the Project Management section) and the evaluation that will be conducted by JSI.

Throughout the intervention period, parents and youth will be provided with ongoing referrals to local clinical and social services. The MDPH requires contracted TPP program partners to facilitate linkages for program participants to local clinical and social service providers, as will the enhanced Maria Talks curriculum. Independent of program staff, users of the *MariaTalks.com* website can also access referrals to local reproductive health and other social services. Referrals to youth and parents will be documented throughout the course of the intervention, and we expect to see an increase in utilization of local reproductive health and social services, as well as an increase in users of the *MariaTalk.com* website and hotline.

After participation in the proposed intervention of the additional *MariaTalks.com* curriculum we anticipate that a greater proportion of young Latinos who were not sexually active at baseline will still not be sexually active, young Latinos exposed to the additional *MariaTalks.com* curriculum will be more likely to report an intention to delay sexual activity, when compared to young Latinos receiving science-based teen pregnancy prevention curriculum without the additional *MariaTalks.com* curriculum. We anticipate that by the end of the curriculum intervention, young Latinos exposed to the additional *MariaTalks.com* curriculum will have greater comfort discussing condom use with their partners, young Latinos exposed to the additional *MariaTalks.com* curriculum will be able to demonstrate correct condom use, and

that young sexually active Latinos exposed to the additional *MariaTalks.com* curriculum will be more likely to be using effective birth control methods, compared to young Latinos participating in the standard curriculum. We also anticipate that parents exposed to the additional *MariaTalks.com* curriculum will have greater knowledge about sexual health topics by the end of the parental intervention, when compared to parents of young people participating in the standard curriculum. Parents exposed to the additional *MariaTalks.com* curriculum will report greater comfort discussing sexual health topics with their children by the end of the parental intervention, when compared to parents of young people participating in the standard curriculum. We envision that by the end of the intervention period, community norms around discussing sexuality topics will have shifted.

**Target Population:** Table 1 provides a snapshot of the communities in MA with teen birth rates over 40 per 1,000 for 2008. These cities with the highest teen birth rates also have the highest Latina teen birth rates (15-19 yrs). All of these rates are significantly higher than statewide rates. For example, Holyoke with the highest teen birth rate of 115.3 per 1,000 females aged 15-19 years also has one of the highest Latina teen birth rates at 157.2 per 1000. In simple terms this means that in 2008 over 15% of Latina teen females ages 15-19 years living in Holyoke had a pregnancy ending in a live birth. Although young teens (10-14 yrs) have very low birth rates, in these communities the rates are still 2-10 higher than the state rate. For example, in Holyoke the rate is 0.84 compared to the statewide rate of 0.24 per 1,000. As expected in most of these high risk communities, the teen age group with the highest birth rates are the 18-19 year-olds (Table 1). These rates for older teens range from 179.7 (Holyoke) to 70.2 (Brockton) compared to the statewide rate of 41.9.

**Table 1 Teen birth rates by teen age groups and by Latina population for selected**

**communities with elevated rates and Massachusetts, 2008**

| City/state | Teen Birth Rate (15-19 yrs)[1, 2] (C. Is) | Num-ber Teen Births[1] | Latina Teen Birth Rate (15-19 yrs)[1,2] (C.I.s) | Teen Birth Rate (10 – 14 yrs) [2, 3] (C.I.s) | Teen Birth Rate (18-19 yrs) [1, 2] (C.I.s) |
|---|---|---|---|---|---|
| **Holyoke** | 115.33 (99.2, 131.5) | 174 | 157.22 (134.1,180.1) | 0.84 (0.22, 1.46) | 179.7 (151.3, 208.2) |
| **Springfield** | 61.4 (55.4, 67.4) | 373 | 109.8 (96.9, 122.8) | 1.1 (0.69, 1.41) | 94.0 (82.4, 105.5) |
| **Lawrence** | 80.94 (71.2, 90.7) | 245 | 97.2 (85.1, 109.2) | 1.1 (0.62, 0.97) | 110.9 (94.4, 127.5) |
| New Bedford | 62.9 (54.2, 71.7) | 186 | 119.5 (91.4, 147.6) | 0.86 (0.41, 1.31) | 93.6 (7.83, 10.89) |
| Chelsea | 97.0 (78.6, 115.3) | 97 | 99.9 (89.5, 110.3) | 2.7 (1.3, 4.0) | 85.9 (65.8, 106.0) |
| Fall River | 56.2 (47.7, 64.7) | 159 | 137.8 (114.4, 161.1) | ____[4] | 88.7 (73.0,104.5) |
| Lynn | 53.2 (45.3, 61.1) | 164 | 110.7 (88.9, 132.6) | 0.53 (0.18, 0.87) | 75.9 (62.5, 89.4) |
| Revere | 50.3 (37.1, 63.5) | 53 | 215.3 (145.9, 284.7) | 1.3 (0.32, 2.17) | 48.6 (33.3,63.9) |
| Lowell | 48.7 (42.0, 55.3) | 193 | 87.2 (66.1, 108.3) | 0.62 (0.27,0.97) | 76.6 (64.2, 89.0) |
| Brockton | 42.6 (36.1, 49,2) | 155 | 72.3 (60.8, 83.9) | 0.47 (0.16, 0.78) | 70.2 (57.5, 82.9) |
| Massachusetts | 20.1 (19.5, 20,6) | 4,583 | 66.7 (63.6, 69.8) | .24 (0.21, 0.27) | 41.9 (40.4, 43.3) |

[1] 2008 MA Births; [2]Births per 1000; [3]2004-2008 MA Births ; [4] estimate unstable

The cities chosen for *Expanding Maria Talks.com to Prevent Teen Pregnancy among Latino Youth* are the communities with a combination of the highest teen and Latina teen birth rates but also overall highest numbers of Latino teenagers. These cities are Holyoke, Lawrence and Springfield Massachusetts of which Latinos make up 66.5%, 76.6% and 40% of the teen population (Table 2). The total teen population for these communities equals approximately 45,000 teens age 10-19 years of which 24,400 are Latino teens. In Lawrence, 55% of households speak Spanish at home and in Holyoke and Springfield 36% and 24% of households speak Spanish at home. Between 21-27% of these Spanish-speaking households do not speak English

well or at all (Table 2).

**Table 2. Sociodemographic and risk indicators for target communities as compared to Massachusetts**[1, 2, 3, 4]

| Indicators | Holyoke | Lawrence | Springfield | Massachusetts |
|---|---|---|---|---|
| Number of Teens (10-19 yrs) | 6,529 | 13,022 | 25,210 | 849,721 |
| Percent Latino Teens | 66.5 | 76.6 | 40.0 | 10.6 |
| School Dropout Rate[1] (%) | 9.8 | 10.2 | 9.6 | 2.9 |
| Latino School Dropout Rate[1] (%) | 11.5 | 10.3 | 11.6 | 7.5 |
| Percent Medicaid Recipients 10-14 yr old | 58 | 50 | 52 | 17 |
| Percent Medicaid Recipients 15-19 yr old | 47 | 38 | 38 | 12 |
| Per Capita Income ($) | 15,913 | 13,360 | 15,232 | 25,952 |
| Percent Children <18 living under poverty | 41.9 | 32.1 | 43.6 | 12.0 |
| Percent Speaks Spanish language at home for persons (ages 5+) | 36 | 55 | 24 | 18.7 |
| Percent Speaks Spanish language at home and does not speak English well or at all for persons (ages 5+) | 25 | 27 | 21 | 22 |
| Percent labor force unemployed, March 2010 | 12.1 | 17.4 | 13.5 | 9.3 |
| Chlamydia rate (15-19 yrs) per 100,000[4] | 3997.4 | 2789.4 | 4152 | 1079.6 |
| Gonorrhea Rate (15-19 yrs) per 100,000[4] | 419 | 146 | 675 | 110 |

[1] MA Department of Elementary and Secondary Education 2008-09

[2] 2000 US Census Massachusetts file with 2005 estimates for race/Hispanic ethnicity

[3]Percent unemployed from MA Department of Workforce Development

[4] 2007 MA Division of Sexually Transmitted Diseases Prevention

Further analysis of Latino ethnicity for teens giving birth show that in Springfield and Holyoke over 90% self identify as Puerto Rican. A substantial number of these Puerto Rican teens were not born on the mainland (29% in Springfield and 40% in Holyoke). In Lawrence the

Latino ethnicity is approximately half from Puerto Rico and half from the Dominican Republic. In Lawrence 30% of Latino teens giving birth were foreign-born, most likely from the Dominican Republic (2008 MA Birth data, data not shown).

Socio-economic and health indicators for these three communities reflect high risk profiles as compared to statewide averages (Table 2). The school dropout rate (%) is more than 3 times the state average for all three communities (2.9 vs. 10.3-11.6%). In Holyoke and Springfield more than 4 out of 10 children under age 18 years live below the poverty level. In Lawrence, 3 out of 10 live in poverty. This compares to 12% of children statewide. Correspondingly over 50% of teens 10-14 yrs old and 38-47% of teens 15-19 yr old are Medicaid recipients in these three communities. Holyoke, Lawrence, and Springfield per capita incomes range from approximately $13,000 -15,000 as compared to nearly $26,000 statewide. The current recession has hit our target communities disproportionately; in fact, Lawrence has the dubious distinction of being the city with the highest unemployment rate (17.4% of the labor force) in the state.

Strikingly elevated rates of sexually transmitted diseases (per 100,000) among teens (15-19 yrs.) in these three communities confirm a large sexually active and unprotected teen population (Table 2). The 2007 chlamydia rates (per 100,000) are 4,125 for Springfield, 3,997 for Holyoke and 2,789 for Lawrence as compared to the statewide rate of 1080. Elevated teen (15-19 yr olds) gonorrhea rates in 2007 are particularly high for Springfield and Holyoke where rates are over 6 to 4 times higher than the statewide rate (Table 2).

Results from the 2009 Youth Risk Behavior Survey (YRBS) show significant disparities in sexual behaviors in Latino teens as compared to white non-Latino teens. Specifically Latino teens compared to white non-Hispanic are significantly more likely to: have ever had sex (56%

vs. 44%); have sex before age 13 (12% vs. 3%); have 4 or more partners in their lifetime (18.2% vs. 10%); and have had sex in the last 3 months (41.7% vs. 33.5%). Other worrisome sexual behaviors not significantly different for Latino and white non-Hispanic teens are the following: drank alcohol or used drugs in the last 3 months (19% vs. 24%); had sex and used a condom in the last 3 months (55% vs. 57%) and had sexual contact against will (14% vs. 10.6%).

**Program Goal(s), Objectives and Activities:**

Goal 1: To develop a replicable and rigorously-evaluated teen pregnancy prevention additional curriculum (designed to supplement an existing evidence-based teen pregnancy prevention curriculum) for a Latino audience based on the existing *MariaTalks.com* sexual health information website and hotline.

Outcome Objective 1.1: Planned Parenthood League of Massachusetts (PPLM) Massachusetts Department of Public Health (MDPH), and AIDS Action Committee will develop a multifaceted curriculum to complement *MariaTalks.com* by the end of fiscal year 2011 (FY11). The curriculum will contain online educational, youth and parent components.

Process Objective 1.1.1: PPLM will create a parent component for *MariaTalks.com* by June 2011.

Process Objective 1.1.2: MDPH will create a youth educational component to complement *MariaTalks.com* by June 2011.

Process Objective 1.1.3: AIDS Action Committee (AAC) will create online educational components to compliment *MariaTalks.com* by December 2010.

Process Objective 1.1.4: AAC will create a male character by December 2010.

Outcome Objective 1.2: A completed curriculum package, with educators trained in its use, will be available by the end of FY12.

Process Objective 1.2.1: PPLM and MDPH will focus test the curriculum in early FY12, and make revisions as necessary based on the focus tests by December 2011.

Process Objective 1.2.2: PPLM and MDPH will train trainers at PPLM, Health Quarters (HQ), and Tapestry Health (TH) in the additional *MariaTalks.com* curriculum in early 2012.

Process Objective 1.2.3: Trained educators at PPLM, HQ, and TH will train community-based agencies and housing development staff in the *MariaTalks.com* by the end of FY12.

Outcome Objective 1.3: John Snow, Inc. (JSI) will evaluate the additional *MariaTalks.com* curriculum by the end of FY15.

Process Objective 1.3.1: PPLM, HQ, and TH will collaborate with community-based agencies and housing authorities in 3 communities to identify intervention and control populations by December 2011.

Process Objective 1.3.2: JSI will collect baseline data between Jan 2012 and June 2012.

Process Objective 1.3.3: Training will begin in the intervention communities by the beginning of FY13.

Process Objective 1.3.4: JSI will conduct process evaluation of the intervention during FY13 and FY14.

Process Objective 1.3.5: JSI will complete data collection and outcome evaluation activities before the end of FY15.

Goal 2: Reduce teen pregnancy among Latinas in Springfield, Holyoke, and Lawrence through the new teen pregnancy prevention intervention based on *MariaTalks.com*.

Outcome Objective 2.1: Six months after the end of the science-based teen pregnancy prevention curriculum using the additional *MariaTalks.com* curriculum, a greater proportion of young Latinos who were not sexually active at baseline will not be sexually active when

compared to young Latinos receiving science-based teen pregnancy prevention curriculum without the additional *MariaTalks.com* curriculum.

Process Objective 2.1.1: Parents exposed to the additional *MariaTalks.com* curriculum will have greater knowledge about sexual health topics by the end of the parental intervention, when compared to parents of young people participating in the standard curriculum.

Process Objective 2.1.2: Parents exposed to the additional *MariaTalks.com* curriculum will report greater comfort discussing sexual health with their children by the end of the parental intervention, sd compared to parents of youth participating in the standard curriculum.

Process Objective 2.1.3: By the end of the curriculum, young Latinos exposed to the additional *MariaTalks.com* curriculum will be more likely to report an intention to delay sexual activity, compared to young Latinos participating in the standard curriculum.

Process Objective 2.1.4: Six months after the end of the educational intervention, community norms around discussing sexuality topics will have shifted compared to baseline.

Outcome Objective 2.2: Six months after the end of the curriculum using the additional *MariaTalks.com* curriculum, young sexually active Latinos participating in the intervention will have an increase in condom use and a decrease in sexually transmitted infection rates, compared to young sexually active Latinos receiving teen pregnancy prevention curriculum without the additional *MariaTalks.com* curriculum.

Process Objective 2.2.1: By the end of the curriculum, young Latinos exposed to the additional *MariaTalks.com* curriculum will have greater comfort discussing condom use with their partners, compared to before the intervention.

Process Objective 2.2.2: By the end of the curriculum, young Latinos exposed to the additional *MariaTalks.com* curriculum will be able to demonstrate correct condom use.

Outcome Objective 2.3: Six months after the end of the curriculum, young sexually active Latinos exposed to the additional *MariaTalks.com* curriculum will more likely use effective birth control methods than young sexually active Latinos participating in the standard curriculum. (Effective birth control methods include hormonal and long-acting methods, as opposed to barrier and behavioral methods.)

Process Objective 2.3.1: Visits to the *MariaTalks.com* website will increase.

Process Objective 2.3.2: Calls to the *MariaTalks.com* hotline will increase.

Process Objective 2.3.3: Emails and calls originating from young men to the *MariaTalks.com* email address and hotline will increase steadily over the funding period.

Process Objective 2.3.4: Referrals to MDPH-funded family planning clinics for *MariaTalks.com* website and hotline users will increase steadily over the funding period.

Process Objective 2.3.5: By the end of the curriculum, young Latinos exposed to the additional *MariaTalks.com* curriculum will have increased awareness of confidential sources of birth control and reproductive health services, compared to before the intervention.

Process Objective 2.3.6: Adolescent clients to MDPH-funded family planning clinics increase over the funding period.

Process Objective 2.3.7: Six months after the end of the educational intervention, community norms around early childbearing will have shifted compared to baseline

**Workplan and Time Table:**

| Goal #1: Develop a replicable and rigorously-evaluated teen pregnancy prevention additional curriculum for a Latino audience based on the existing *MariaTalks.com* sexual health information website and hotline. | | Measures of Success: The curriculum is completed, implemented, and evaluated by the end of FY15. | | |
|---|---|---|---|---|
| Objectives | Activities | Data/Evaluation | Timeframe | Team Members |
| | • Hire project manager<br>• Activate contracts with all vendors<br>• Host introductory planning meeting with selected community partners, project staff, *MariaTalks.com* developers and evaluators | MDPH new hire<br>MDPH contracts<br>Revised workplan | • October 2010 | • MDPH |
| Planned Parenthood League of Massachusetts (PPLM) Massachusetts Department of Public Health (MDPH), and AIDS Action Committee (AAC) will develop a multifaceted educational curriculum to complement *MariaTalks.com* by the end of fiscal year 2011 (FY11). The curriculum will contain online educational components, a youth component, and a parent component. | • Focus groups for male *MariaTalks.com* character<br>• First draft of online educational components presented to team<br>• Online educational components completed<br>• Male character completed<br>• First draft of parent educational component presented to team<br>• First draft of youth educational component presented to planning team<br>• Final drafts of parent/youth educational components presented to team<br>• Parent/youth educational components complete<br>• Final curriculum package complete<br>• Male character launched on *MariaTalks.com* | Focus group reports<br>Planning team agendas and minutes<br>*MariaTalks.com* website | • October 2010<br>• November 2010<br>• December 2010<br>• Dec. 2010<br>• March 2011<br>• April 2011<br>• May 2011<br>• June 2011<br>• September 2011<br>• September 2011 | • AAC<br>• AAC<br>• AAC<br>• AAC<br>• PPLM<br>• MDPH<br>• PPLM/MDPH<br>• PPLM/MDPH<br>• PPLM/MDPH/AAC<br>• AAC |

| | | | | |
|---|---|---|---|---|
| A completed curriculum package, with educators trained in its use, will be available by the end of FY12. | • Curriculum will be focus tested<br>• Revisions will be made as needed based on focus testing<br>• Trainers at PPLM, HQ, and TH will be trained on the *MariaTalks.com* curriculum<br>• Trainers will train community-based agencies and housing development staff on the *MariaTalks.com* curriculum | Focus group reports<br>Planning team agendas and minutes<br>Training session logs and notes | • October 2011<br>• December 2011<br>• February 2012<br>• September 2012 | • PPLM<br>• PPLM<br>• PPLM/MDPH<br>• PPLM/HQ/TH |
| John Snow, Inc. (JSI) will evaluate the additional *MariaTalks.com* curriculum by the end of FY15. | • Intervention and control populations will be identified in collaboration with community-based agencies and housing authorities<br>• Baseline data collection<br>• Process evaluation data collection and analysis<br>• Data collection on outcomes complete<br>• Process and outcome evaluation complete | Planning team agendas and minutes<br>Evaluation plan<br>Evaluation data | • December 2011<br>• January 2012 – June 2012<br>• July 2012 – June 2014<br>• Dec. 2014<br>• June 2015 | • MDPH/PPLM/ HQ/TH/JSI<br>• JSI<br>• JSI<br>• JSI<br>• JSI |
| Goal #2: To reduce teen pregnancy among Latinas in Springfield, Holyoke, and Lawrence, Massachusetts through the implementation of the new teen pregnancy prevention intervention based on *MariaTalks.com*. | | Measures of Success: Improved health and health behaviors by young people and their parents in the three selected communities by the end of FY15. | | |
| Objectives | Activities | Data/Evaluation | Timeframe | Team Members |
| • Six months after the end of the science-based teen pregnancy prevention curriculum using the additional *MariaTalks.com* curriculum, a greater proportion of young | • Youth in three communities will participate in a twelve-week approved teen pregnancy prevention curriculum (e.g., Making Proud Choices) with the addition of the *MariaTalks.com* curriculum. Key aspects of the curriculum will include:<br>o The curriculum will be culturally | Youth pre- and post-tests<br>Parent pre- and post-tests<br>Training evaluations<br>Trainers notes<br>Planning team | September 2012 – December 2014 | PPLM<br>HQ/<br>TH<br>MDPH<br>community-based organizations and housing developments |

| | | | | |
|---|---|---|---|---|
| Latinos who were not sexually active at baseline will still not be sexually active, when compared to young Latinos receiving science-based teen pregnancy prevention curriculum without the additional *MariaTalks.com* curriculum.<br>• Six months after the end of the curriculum using the additional *MariaTalks.com* curriculum, young sexually active Latinos participating in the intervention will have an increase in condom use and a decrease in sexually transmitted infection rates, compared to young sexually active Latinos receiving teen pregnancy prevention curriculum without the additional *MariaTalks.com* curriculum.<br>• Six months after the end of the curriculum, young | competent and specific to Latino young people<br>o The curriculum will incorporate new electronic media and be relevant to young people's learning styles and preferred modes of learning and communication<br>• Key concepts included in the curriculum that will enhance the existing curriculum will include:<br>o Information about healthy relationships and healthy, age-appropriate sexuality<br>o Encouragement for young people to increase communication about sexuality with a trusted adult, especially a parent<br>o Awareness of sources of reproductive health care, including birth control<br>• Key concepts included in the curriculum that will complement content in the existing curriculum will include:<br>o Delaying onset of sexual activity<br>o Encouragement for young people to increase communication about sexuality with their partners<br>o Comfort with discussing and using condoms with sexual partners<br>• Parents of Latino youth in three communities will participate in a parent curriculum using *MariaTalks.com*. | agendas and minutes | | |

| | | | | |
|---|---|---|---|---|
| sexually active Latinos exposed to the additional *MariaTalks.com* curriculum will be more likely to be using effective birth control methods than young sexually active Latinos participating in the standard curriculum. | Key aspects of the curriculum will include:<br>o The curriculum will be culturally competent and specific to parents of Latino young people, including being presented in Spanish<br>• Key concepts included in the curriculum will include:<br>o Information about healthy relationships and healthy, age-appropriate sexuality<br>o Sexual health information to educate parents and for them to share with their children<br>o Encouragement for adults to increase communication about sexuality with their children<br>o Awareness of sources of reproductive health care, including birth control<br>o Inquiry into community norms around discussion of sexuality and early childbearing<br>• As a part of the implementation of the curriculum, trainers will:<br>o Continue to implement Making Proud Choices with fidelity<br>o Administer pre- and post-test surveys<br>o Note suggested changes in the curriculum and bring these to steering committee meetings for possible revision | | | |

**Collaborations:** To achieve program goals, the MDPH will collaborate with community partners to expand of the usability of the *MariaTalks.com* to better serve disengaged and hard-to-reach youth and families in Latino communities in the cities of Holyoke, Lawrence and Springfield, MA. The proposed program will enhance but not duplicate existing efforts in these communities to address the high rates of teen births among Latinas.

Community partners with experience delivering or developing sexual health education to Latino youth and families and/or with access to large populations of Latino youth and families will partner with the MDPH on this proposed initiative. The partners are Planned Parenthood League of MA, who most recently piloted and evaluated a Spanish-language parent education series and a *promotoras* program; Tapestry Health, with over 37 years of experience as the primary provider of low cost, publicly-funded reproductive health care throughout western Massachusetts; Holyoke Farms, providing affordable housing comprised of 225 two- and three-bedroom apartments with 90% of its residents being Hispanic and Latino, offers five bilingual and bicultural staff; Health Quarters supports, protects and promotes the sexual and reproductive health and well-being of its clients providing integrated clinical, education and advocacy services; Family Service, Inc., a non-profit social service agency, provides evidence-based prevention and treatment programs; and Peabody Properties, Inc. on behalf of Pynchon/Edgewater Apartments, a housing development comprised of 630 affordable family units, where the property demographics are 99% Latino with 850 youth ages 0 - 18 years, and offers a full-time bilingual (Spanish/English) Resident Service Coordinator.

**Performance Measurement:** MDPH has the capability to implement data collection instruments and the performance measures developed by HHS under this cooperative agreement. MDPH has extensive experience implementing monitoring and reporting systems to collect and utilize data

for performance measurement. As a requirement for all contracted vendors, performance and outcome measures are expected and outlined in all procurements.

For example, the Family Planning Program requires contracted agencies to complete two semi-annual and one annual report each year. These reports include data on agency quality improvement activities, community education and outreach, staff training, collaborations and networking, as well as aggregated information on demographics of clients and many service delivery measures. The Family Planning Program also collects Performance Measures intended to quantify the performance of each agency on important reproductive health benchmarks such as Chlamydia screening and contraceptive use.

The Office of Adolescent Health and Youth Development require contracted agencies to collect extensive data from its contracted agencies in its Teen Pregnancy Prevention Program. This includes a site-specific and cross-site evaluation to capture qualitative and quantitative measures of behavior, knowledge and attitude change regarding teen pregnancy prevention, assessment of protective and risk factors, participation in after-school and extra curricular activities, having discussions with trusted adults, engagement in sexual activity, confidence in ability to prevent pregnancy and STIs, attitudes about teen parenthood, assessment of self-confidence and resiliency, and other service delivery measures. The Teen Pregnancy Prevention Program also collects and analyzes MIS data on community education and outreach, staff training, collaborations and networking, as well as aggregated information on demographics of program participants. The OAHYD staff oversees the provision of technical assistance related to program evaluation and performance measurement to support compliance with evaluation and performance measurement protocols. Similar procedures will be used to monitor, evaluate, and measure the performance of community-based agencies collaborating with MDPH.

**Evaluation Plan:** Who should provide teen sexuality education (including pregnancy and STD/STI prevention), what messages should be provided, at what age, and in what environments have all been highly controversial topics in our governments, schools, and communities for decades. Beginning in the late 1990's, as new curricula (programs) were developed, their efficacy was also evaluated using quasi-experimental designs (California Adolescent Sibling Program, 2003, TOP, 1997) or randomized, control trials (the Carrera Program, 1992, Making Proud Choices, 1998). The purpose was to provide rational, robust, scientifically-derived data on what works and help inform the discourse on these crucial topics.

As these curricula and studies accumulated, other researchers (such as Kirby and ETR Associates, 2003 and 2007) were able to create a comparative framework for curricula and the research findings behind them. Abstracting from the evaluations, they mapped out what specific factors each curriculum influenced (e.g., delay onset of sexual activity, reduce the number of partners among those sexually active, etc.). The evaluation process and comparative framework have now become an integral part of TPP curriculum design.

In Massachusetts DPH has funded 18 different evidence-based TPP programs since fiscal year (FY) 2006, and since the beginning, maintaining fidelity to curriculum and outcome evaluation were required and significant components of the programs. Programs have included TOP, Making Proud Choices, Focus on Youth, the Carerra model, Poder Latino, and the California Sibs Model. John Snow, Inc. (JSI) has partnered with MDPH to perform the cross-site evaluation since FY 2006. Our findings are similar to that in the published literature, indicating that youth who participated in the programs had improved school outcomes (TOP and Sibs in particular), increased confidence in pregnancy prevention and reduced likelihood of sexual activity in the past three months after the end of the program. However, we have also found that

the majority of youth (about two-thirds) do not speak with a trusted adult (like a parent) about puberty, how to maintain abstinence, understanding birth control, or having healthy relationships – even at the seemingly opportune time of taking a TPP course.

Over the years, the MDPH TPP program has evolved to exist within a youth development framework. Programs are encouraged to offer additional services to young people who have also received TPP programming (e.g., teen dating violence, LGBTQ issues), as well as to inspire youth to attend each other's events and even advocate at the State House. This evolution grew, in part, out of a concern about the short-term nature of the curriculum oriented, evidence-based programs - what happens after the programs end ? What support is available for youth to strengthen what they've learned? What opportunities are there for them to engage in healthier activities as they mature through the teen years? Some TPP programs have service components and all of the curricula can unleash creativity and desire to do and learn more among youth. How can this energy be tapped? Another limitation of the current evidence-based programs is they focus on the youth, with somewhat limited participation of parents (often intentional), or perhaps more importantly, little content *for* parents. It is our belief that an intervention like *MariaTalks.com* can extend and improve the effectiveness of the evidence-based, curriculum oriented TPP programs.

*Specific aims and objectives (1) and instruments (4)*

Because of its nature as a web site, there are many ways to consider using – and evaluating that utility – of *MariaTalks.com*. Maria and her friends and family are also present on MySpace and Facebook (92 friends and 122 likes, respectively), and thus also represent the potential (and pitfalls) of how new social media can be used to promote healthier behaviors and relationships. From an evaluation perspective, this project also presents an opportunity to

develop an evaluation that encompasses both traditional metrics ( instrumentation) and new ways to measure outcomes on the Web. The specific research objectives of the project will be:

- Can *MariaTalks.com* be successfully introduced to into programs using evidence-based TPP curricula among Latina youth? Do the participants continue to use *MariaTalks.com* after the course ends? Do groups of youth exposed to both a science-based curriculum and Maria Talks have better medium-term (6-months) outcomes than demographically similar youth who only receive the curriculum?
- Does adding a male character increase the use of and satisfaction with the site? Does the improvement vary by gender? Can he influence outcomes (knowledge, beliefs, action)? This can be evaluated by examining TPP groups that use the site before and after the new character is added.
- Does adding content for parents in English and in Spanish (since a common occurrence in MA Hispanic families is that the parents are Spanish-speaking, but their children are bi-lingual) increase the likelihood that youth and their parents discuss healthy sexual behaviors and relationships?

JSI and MDPH have two versions of cross-site pre- and post-test survey that could serve as the basis for this component of the evaluation (one version focuses on outcomes measured on the last day of class and the other on outcomes 3-months. Depending on the curricula that are paired with Maria Talks, we can draw upon the developers, the published literature and our local programs' site specific surveys to develop a revised survey to ensure specific program components are evaluated. We can pilot test the new survey among peer leader groups at collaborating agencies, as well as draw upon our historical data base to examine the internal reliability (Chronbach's alpha) of the instruments. Small groups of youth could also help us

determine the test-retest reliability by completing the survey twice, two weeks apart. It would be important to examine the reliability by age as well, creating a small reliability study of 14-15 year olds and another of 16-18 year olds.

*Maria talks* exists within a wider context than specific TPP evidence-based programming. As such there is the opportunity to investigate whether the proposed improvements to the site increase the reach of the site. Specific secondary research objectives are:

- Does adding a male character, parent content, Spanish content, and an instructor guide increase the number of hits to the site, as well as the number of pages viewed, and the duration of time spent on the site? Do these actions increase Maria's network on Facebook or Twitter? Can the relative influence of these components be determined?
- Are users with IP addresses in the target communities of Lawrence, Springfield, and Holyoke, using the site? Does this number increase over time?
- Are there other consequences to the improvements to the website, such as changes in call volume to the Statewide Sexual Health Hot Line?

*Outcome Evaluation Plan (3) and Design (6)*

During the first year planning phase, we will complete a study design planned to address the primary research objectives. We expect it will be a quasi-experimental design in which groups of demographically similar youth are exposed to a combination of a science-based curriculum paired with Maria Talks (and access to Maria Talks extends past the end of the curriculum) to other youth who have access only to the science-based curriculum. The rationale for comparisons of different treatment conditions rather than to a non-intervention control group

is that the curriculum paired with Maria Talks is already a proven program (i.e., one utilized in Holyoke and Springfield is on the FOA approved list and the other is a proven program (California Adolescent Sibling Program) and so expected to have a known impact on participating youth. If a partner organization developing the evidence for a promising program is willing and able to incorporate Maria Talks into it, then the comparison condition would have among control group(s) not receiving a TPP intervention. Settings receiving the combined evidence-based program and Maria Talks will be located in the three target cities, drawing Latina/Latino youth aged 14-19 years. Comparison groups will be in the same type of setting among demographically similar youth.

We advocate for a non-randomized (at the individual) design to make the consent process simpler and more comprehensible, and therefore more acceptable, to young people and their parents. It will also make recruitment easier, as well as lessen administrative burden at all sites. Cross-contamination will also be minimized by locating programs in physically separate settings. It is not possible to completely eliminate the possibility of cross-contamination with part of the intervention being a web site which has no restrictions on its accessibility but the curriculum will reinforce the messages on *MariaTalks.com* and enable the teens to be knowledgeable consumers of this social media site.. However the instructors will not actively promote or use Maria Talks among their participants of control groups. Thus, the likelihood of accessing Maria Talks among youth in the control groups will reflect the "background rate" use in the community.

Our design will encompass a pre-test survey on the first day of programming, repeated during the last session of the evidence-based curriculum, and then once more six months hence. All surveys will contain questions about knowledge, beliefs, and activities relative to the evidence-based curriculum, supplemented with additional questions about Maria Talks as

incorporated into the class. On the follow-up surveys, the same questions will be repeated, with additional questions concerning satisfaction with the program (last day of class) and the use of Maria Talks during the six months after the end of class.

Another component of the design will be the development of a web-based survey that will investigate, among the general user population of the web-site, their satisfaction with, use of, and understanding of the content, related to each of the planned upgrades to the site. The survey would be voluntarily completed by anonymous site users. Another approach we will employ is inviting (with incentive) members of the target populations (Latina/o parents of teens, Latino teen males from the target communities) to a "market research experiment", allowing the members interact with the website and then discussing their experience in the focus group format.

*Process Evaluation (2)*

A key aim of our process evaluation will be to examine the fidelity of implementation. During the planning phase, fidelity surveys will be developed to be given to instructors to complete over the course of the curriculum as they teach it. Fidelity is an important issue even among existing evidence-based programs; it will be especially important to monitor impacts on fidelity in groups where instructors are incorporating Maria Talks as well. The surveys will be scored and analyzed to determine what elements were more difficult to implement; over time, training or the program will be improved as necessary to increase fidelity. To the extent possible (if fidelity varies – which we hope it does not or does not for long) we will correlate fidelity with teen outcomes. These forms will be entered into a database that will allow us to identify any sessions or items within a session that are problematic, and whether that is a function of setting, class size, or instructor.

Other key process measures will include: (1) monitoring the web site improvement process and timeline, (2) monitoring the quality of staff training, (3) staff turnover (all partners), (4) whether the target number of interventions are provided to the projected number of youth; (5) attendance statistics (# of curriculum based sessions completed by teens). (6)Assessment of content for cultural appropriateness to the Latino groups targeted.

*Recruitment Strategy (7) and Sampling Strategy (5)*

Our preliminary plan is to implement the teen pregnancy prevention interventions (50%/50% intervention with and without Maria Talks) six times per year with approximately 10-15 youth per group in each one of the 3 communities, and to implement the parent component with approximately 500 parents, recruited from housing developments in the targeted communities, during the course of the five year study period. Teens and parents will be recruited to participate in the focus groups and intervention from the housing developments, youth serving organizations, family planning clinics and other youth-friendly venues in the target communities. Youth and parents engaging in program activities will participate in an informed consent process, with informed consent documented on forms requiring both youth and parent signature (for minors under 18 years old). Incentives for participation, such as gift certificates, Maria Talks collateral materials, and meals and snacks will support program participation, retention efforts and survey completion.

Systems to track teens and parents longitudinally over the course of the intervention period will include frequent updates of locator information collected at and between program sessions and the development of online participant tracking methods utilizing the Maria Talks platform. Using our experience in collecting post-test data over the years among MDPH TPP programs, we expect the follow-up rate for the post-test on the last day of class to be 80% or

higher. For the post-test 6 –months later, the rate drops to 40% to 50%. Our goal in this project will be to attain a 60% response to the 6-month post-test; during the planning phase, will develop processes to reach that goal.

During the planning phase we will incorporate data on our historical TPP data base and published literature to help estimate effect sizes we might expect to see from the evidence-based programs. Coupled with our expected enrollment and follow-up projections, number of settings and curricula involved, we will project the power of our evaluation to detect significant differences among groups (using two-sample and paired tests). We will use a software program Nquery Advisor 6.0 to compute these estimates.

*Data collection plan (8)*

With three cities and likely many waves of programming, we will designate one team member as data coordinator who will be responsible for sites' timely submission of high quality pre- and post-test data, as well as any additional fidelity or process evaluation forms completed by instructors or administrators. During the planning phase of the project, we will determine the format of the surveys. If paper surveys are to be used, JSI could process the data using its state-of-the-art scanning system, as it currently does for the MDPH TPP cross-site evaluation. Alternatively, sites could maintain control of the data and key it into an agreed upon electronic format and upload it to JSI using Project Spaces, a secure web-based site for transmitting documents among project partners. Another alternative would be that JSI could design a web based survey format, with back-end data capture, as we do for the Region I Title X Family Planning encounter database. JSI will produce a quarterly data quality report for each site to help maintain the flow of data.

*Quantitative and Qualitative Analysis (9) and Treats to Validity (10)*

Quantitative – with regards to the pre- and post-test data from students, pre-test data will be used to examine teens level of sexual behavior, knowledge, and attitudes, and whether it differs by intervention groups (if the groups are badly imbalanced, we will redesign our recruitment strategies) and settings/cities, or by age, gender, race, or language. Within each intervention groups, paired pre- and post- test short term change scores will estimate whether, at the end of the curriculum sessions, teens have changed appreciably on any of the items related to our specific objective (knowledge and attitudes – not enough time to change behavior). Then the intervention groups supplemented with Maria Talks will be combined and compared to the groups without Maria Talks (stratified by curriculum) in terms of group mean (standard deviation) scores, and change scores. After the six-month data are available, we will investigate whether the subset of respondents to the post-test are representative of the full group of participants who completed the pre-test, within site (control/intervention), and program. Comparisons of the longer term change (pre- to 6-m post-) will be within the intervention groups and then across the intervention groups with and with out Maria Talks incorporated into them, stratified by evidence-based curricula. Time trend analysis will characterize the data collected at the three points in time- whether the trend is for outcomes to monotonically improve, to improve and then level off, not improve, or worsen over time.

Data quality, in terms of high rates of missing items, will also be investigated. For the items with good data quality and among groups with adequate follow-up response, pre-post item analysis (t-tests, chi-square tests) between comparison groups will be made, as laid out in the finalized experimental design.

Qualitative – As described above, feedback on the improvements to Maria Talks are crucial to understanding whether the upgrades will successfully reach the target groups of Latino

teen males and Latina teen females and Latino/a parents (living in the target communities). Also, the focus groups can be used to add environmental context and assistance in interpretation of findings. Focus groups will be conducted by trained moderators using a structured interview guide. Notes or transcriptions will be conducted. Focus groups are debriefed among the research team, with patterns of responses identified. Field notes can also be entered into Nvivo 8 a qualitative software package JSI uses to assist in the analysis and display of this type of data.

Threats to Validity – It is our experience that, over the course of five years, it is likely that other factors will influence youth and their sexual health behavior, knowledge, and beliefs. In fact, some factors may enhance teen pregnancy prevention. For example, as the economy improves, more youth development programming may be available. It makes for a more complex analysis (e.g., on the six month assessment asking whether teens had participated in additional programming), but ultimately it is not ethical to try to block access to important programs to maintain experimental purity. Key informant interviews with program staff, key stakeholder, and information from youth focus groups will help identify any external threats to validity.

Internal threats to validity include poor fidelity to the program model, poor upgrades to the web site (not geared to target users), poor recruitment and retention practices, poor follow-up assessment and poor culturally appropriate fit of content to target population. We will develop tools to monitor these issues during the first year, and will be key elements to our project.

The biggest threat to validity is the contamination of the control groups by extensive use of the Maria Talks web site during the 6 month follow-up period. Careful consideration will be given regarding any promotion efforts for the site itself and the timing of the TPP programs.

*IRB and Federal-wide Assurance (11)*

JSI and the MDPH maintain the highest ethical standards for human subject's protection. As a research institution and as a recipient of US Federal Funding, JSI maintains its Federal Wide Assurance (FWA) on file with the US DHHS Office of Human Research Protection (FWA #00000218). JSI does not operate its own Institutional Review Board (IRB), rather it has agreements with several IRBs across the country and internationally, including the New England IRB in Wellesley, MA, which would be accessed for this project. The MDPH operates its own Institutional Review Board, which will be engaged in review of study instruments and from which approval will be required.

Three components of the research design will require human subjects' protection: 1) voluntary enrollment and involvement in Teens Talk; 2) the collection and use of individual level services data for evaluation purposes; and 3) the focus groups of teens that may be conducted to add further context to the evaluation. Utmost care will be taken to ensure that participants are posed no risk, cost, or harm; recognizing, however, that the subject matter is especially sensitive. Additionally, the research focus is adolescents, some of whom will have not yet reached the age of consent for research purposes, and, thus, considered a vulnerable population. Proposing safeguards for these components of the research will be a focus of our IRB applications. Within JSI, there is an internal Human Subjects Protection (HSP) Team that works with the Research Team to discuss and develop research protocols for human subjects protection and to assist with the IRB application. With the assistance of the HSP Team, JSI has successfully navigated the IRB process for multiple projects with teens in the past.

*Timeline (12)*

| Task | Timeframe |
|---|---|
| Review data related to effectiveness of Maria Talks | Month 1 |
| Develop evaluation design | Months 1-2 |

| | |
|---|---|
| Review demographics of the intervention sites and establish process for implementing curriculum and curriculum plus Maria Talks programs | Months 1-2 |
| Visit intervention sites | Month 3 |
| Develop evaluation tools (e.g., process evaluation) | Months 2-3 |
| Refine pre-/post- questionnaires and fidelity instruments | Month 3 |
| Develop site study protocols | Month 3 |
| Incorporate OAH minimum data set into evaluation design | Month 4 |
| Develop IRB review package | Months 5-6 |
| Revise (if needed) IRB package/receive approval | Month 7 |
| Develop data collection infrastructure | Months 5-7 |
| Train sites | Months 8-10 |
| Begin collecting data | Start of year 2 |
| Provide "booster" training and as needed technical assistance | Throughout |
| Conduct fidelity assessments | Throughout |
| Report on process evaluation findings | End of year 2 |
| Conduct quality assessment of data | Throughout |
| Conduct focus groups of participants | Middle of years 1, 2, 3 |
| End quantitative data collection | End of year 4 |
| Final data analysis | 1st six months year 5 |
| Dissemination of findings (including peer reviewed article) | Last six months year 5 |

*Dissemination (13)*

JSI will work closely with MDPH, OAH, and ACYF to identify venues for dissemination. Such venues include professional conferences, including those hosted by MDPH, OAH, ACYF, CDC and other federal and/or state agencies with an interest in teen pregnancy prevention. Additionally, during years four and five of the grant, JSI will focus its efforts on publishing the results of the evaluation in a peer reviewed journal. As noted in the Funding Announcement, the funding source, OAH, would be indicated on all presentations and

publications.

*Organizational Experience of Evaluator (14)*

JSI is a public health research and consulting firm established in 1978 and headquartered in Boston. We are nationally known for our broad community and public health expertise and have staff members who are recognized for their work in the fields of health promotion, prevention, evaluation, substance abuse, mental health, disease management, maternal and child health, environmental health, family planning, and HIV/AIDS. We also understand health at the community level, including the interaction of demographic, economic, education, justice, neighborhood, and historical factors with health.

JSI and its collaborators have been working with federal, state, county, and local governments as well as health care agencies for decades to assist them to evaluate their service systems and collaborative networks as well as to strengthen their programs, clinical and management operations, information systems, and management structures. Over the years JSI has conducted evaluation projects for federal agencies such as HRSA, the Office of Population Affairs (OPA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), the Agency for Health Quality and Assurance (AHRQ), the Environmental Protection Agency (EPA), and for multiple state departments of health, including Massachusetts, Vermont, Rhode Island, Maine, Colorado, New York, and California. Our evaluation projects have ranged from quick turn-around formative evaluations to longitudinal, randomized control studies. JSI is skilled at both qualitative and quantitative methodologies and generally incorporates both into its evaluation design. JSI is also skilled at eliciting buy-in to evaluation from a wide-range of stakeholders, including community-based agencies and groups, which are program or mission-driven and often have less

sophistication around evaluation.

Below we highlight key JSI projects that demonstrate our support for and evaluation expertise in teen pregnancy prevention, as well as our familiarity with Boston neighborhoods and public schools. All of the projects are current or were completed with the last 1-2 years.

*Evaluation of Massachusetts' Teen Pregnancy Prevention Programs*

As a contractor to the Massachusetts Department of Public Health (MDPH), JSI is conducting a cross-site evaluation of 18 state-funded, science-based teen pregnancy prevention programs. The programs use a variety of curricula, including Making Proud Choices, Teen Outreach Program, a Carrera-based adaptation, Focus on Kids, California Sibling Program, and Poder Latino. These programs were housed in schools, social service and youth-serving organizations, and health centers. Designed by JSI, the cross-site evaluation measures include protective factors for teen pregnancy (e.g., school/club involvement, parent communication, self-esteem, and negotiation skills), the intent to remain abstinent, and the intent to use condoms and birth control if engaging in sexual activity. Surveys of participants are conducted at baseline and three months following program completion (FY07-FY09) or the last day of class (FY10). The evaluation design includes a process evaluation component in order to put findings in their context and to understand program fidelity issues. JSI has also provided several provider trainings on developing and implementing evaluations and using results to improve programs.

*New England Training Center for Adolescent Pregnancy Prevention (NETCAPP)*

With funding from CDC, JSI assisted PPSNE (as well as other programs in New England) in creating the infrastructure and capacity needed to incorporate evidence based practices into their prevention efforts to significantly reduce unintended teen pregnancy, STIs and HIV infection. This process led to the successful designation of Teen Talk as a promising

program. Within the five year cooperative agreement with the CDC, JSI provided technical assistance to increase and support collaboration and coalition building among local, state and regional key stakeholders at all levels of prevention; develop best practices with model sites to facilitate culturally competent replication in rural, urban, mixed communities and ethnic and racial diverse communities; increase cultural competency to appropriately include culturally diverse populations in prevention efforts based on evidence based practices; to translate science based findings into user-friendly, meaningful programs and strategies; and increase knowledge and skills through diverse formats and media. This project demonstrates our understanding of theoretical frameworks, risk and protective factors related to sexual health, and a wide range of sexuality education programs.

*Entre Nuestras Familias*

This project was a Boston-based teen pregnancy prevention, STD and HIV program funded by the MA Department of Public Health. The program provided peer-led weekly risk-reduction skill-building, gender-specific teen pregnancy prevention, STD and HIV prevention education group sessions with Latinas ages 14-19 living in Great Boston neighborhoods. The goal of the program was to reduce teen pregnancy, STDs and HIV among adolescent Latinas by encouraging sexually active teens to use condoms and to otherwise reduce their sexual risk. JSI conducted the data analysis and report preparation for the program.

*The Build Her Up Project*

This program was a community level HIV/AIDS and violence prevention collaborative based in Boston, MA and funded as a demonstration project by the Office on Women's Health. The project provided weekly girl-centered, gender-specific HIV and violence prevention education group sessions with predominantly Black/African American girls aged 9-17 living in

low income neighborhoods of Boston. The goal of the program was to reduce involvement in violence, juvenile delinquency and HIV/AIDS/STI risk taking behaviors by building up girls' critical thinking and analytical skills, self-esteem, and positive peer relationships. JSI conducted the evaluation of the program and developed the logic model, data collection tools, a database for data entry, a process monitoring system and tools, data collection training for program staff, data analysis and reporting preparation, and conducted focus groups.

*Boston Teen Dating Violence Prevention and Evaluation*

The MA Department of Public Health contracted with JSI to provide technical assistance to the Teen Dating Violence Prevention Team (TDVPT). The TDVPT is a group of violence and injury prevention professionals convened to disseminate resources and best practices around teen dating violence prevention in Boston, to make policy and implementation recommendations to local and state leaders, and to improve surveillance outcomes. JSI's responsibilities include assisting with the analysis of surveillance data and tracking the incidence of TDV in Boston serving as an evaluation resource, and providing guidance on developing environmental and policy scans of TDV prevention initiatives in Boston and beyond.